


SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED FEB 27 2008 </div>
1. Reason for Submittal (See instructions on page 9) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 10)	EPA ID Number MOD.0.0.0.6.8.7.4.8.3		
3. Site Name (page 10)	Name: GEII - ST. LOUIS SERVICE CTR		
4. Site Location Information (page 10)	Street Address: 2455 CASSENS DR		
	City, Town, or Village: FENTON	State: MO	
	County Name: ST. LOUIS	Zip Code: 63026	
5. Site Land Type (page 10)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 10)	A. 81131	B.	
	C.	D. <div style="text-align: center;">  483172 RCRA </div>	
7. Site Mailing Address (page 11)	Street or P. O. Box: 2455 CASSENS DR		
	City, Town, or Village: FENTON		
	State: MO		
	Country: USA	Zip Code: 63026	
8. Site Contact Person (page 11)	First Name: BETTY	MI: L	Last Name: TODD
	Phone Number: 636-243-1777	Extension: 134	E-mail address: BETTY.TODD@GE.COM
	9. Operator and Legal Owner of the Site (pages 11 and 12)		
	A. Name of Site's Operator: DAVID HENKELMANN		Date Became Operator (mm/dd/yyyy): 11-29-2004
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: GENERAL ELECTRIC CO		Date Became Owner (mm/dd/yyyy): 04-01-1981
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

02 APR 2008

JUN 19 2008

9. Legal Owner (Continued) Address	Street or P. O. Box: 2455 CASSENS DR	
	City, Town, or Village: FENTON	
	State: MO	
	Country: USA	Zip Code: 63026

10. Type of Regulated Waste Activity Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 13 to 16.)															
A. Hazardous Waste Activities Complete all parts for 1 through 6.															
<p><input checked="" type="checkbox"/> 1. Generator of Hazardous Waste If "yes", choose only one of the following - a, b, or c.</p> <p><input type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input checked="" type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste</p> <p>In addition, indicate other generator activities.</p> <p><input type="checkbox"/> d. United States Importer of Hazardous Waste</p> <p><input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator</p>	<p><input type="checkbox"/> 2. Transporter of Hazardous Waste</p> <p><input type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.</p> <p><input type="checkbox"/> 4. Recycler of Hazardous Waste (at your site)</p> <p><input type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace If "yes", mark each that applies.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining</p> <p><input type="checkbox"/> 6. Underground Injection Control</p>														
B. Universal Waste Activities															
<p><input type="checkbox"/> 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate the types of universal waste managed at your site. Mark all boxes that apply:</p> <p style="text-align: center;"><u>Managed</u></p> <table style="width: 100%;"><tr><td>a. Batteries</td><td><input type="checkbox"/></td></tr><tr><td>b. Pesticides</td><td><input type="checkbox"/></td></tr><tr><td>c. Thermostats</td><td><input type="checkbox"/></td></tr><tr><td>d. Lamps</td><td><input type="checkbox"/></td></tr><tr><td>e. Other (specify) _____</td><td><input type="checkbox"/></td></tr><tr><td>f. Other (specify) _____</td><td><input type="checkbox"/></td></tr><tr><td>g. Other (specify) _____</td><td><input type="checkbox"/></td></tr></table> <p><input type="checkbox"/> 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.</p>		a. Batteries	<input type="checkbox"/>	b. Pesticides	<input type="checkbox"/>	c. Thermostats	<input type="checkbox"/>	d. Lamps	<input type="checkbox"/>	e. Other (specify) _____	<input type="checkbox"/>	f. Other (specify) _____	<input type="checkbox"/>	g. Other (specify) _____	<input type="checkbox"/>
a. Batteries	<input type="checkbox"/>														
b. Pesticides	<input type="checkbox"/>														
c. Thermostats	<input type="checkbox"/>														
d. Lamps	<input type="checkbox"/>														
e. Other (specify) _____	<input type="checkbox"/>														
f. Other (specify) _____	<input type="checkbox"/>														
g. Other (specify) _____	<input type="checkbox"/>														
C. Used Oil Activities Mark all boxes that apply.															
<p><input type="checkbox"/> 1. Used Oil Transporter If "yes", mark each that applies.</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p><input type="checkbox"/> 2. Used Oil Processor and/or Re-refiner If "yes", mark each that applies.</p> <p><input type="checkbox"/> a. Processor</p> <p><input type="checkbox"/> b. Re-refiner</p> <p><input type="checkbox"/> 3. Off-Specification Used Oil Burner</p> <p><input type="checkbox"/> 4. Used Oil Fuel Marketer If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p>															

11. Description of Hazardous Wastes (See instructions on page 17.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D005	D006	D007	D008	D010	D035
F001	F003	F005				

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 17.)

The G&E - St. Louis Service Center's generator status is SQH.

Due to the cleanout of a varnish dip tank in 2007, we are LQG relating to the disposal of that varnish.

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(See instructions on page 17.)

Signature of operator, owner, or an authorized representative

Name and Official Title (type or print)

Date Signed
(mm/dd/yyyy)

[Signature]

DAVID HENKEMANN - SERVICE CENTER MANAGER

02/25/2008

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:U.S. ENVIRONMENTAL
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENTSITE NAME: GEIL - ST. LOUIS SVC CTR2455 CASSENS DR - FENTON, MO
63026EPA ID NO: MO D 000 687 483FORM
GM

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description Flammable liquids (acetone, resin)B. EPA hazardous waste code F003 D001

C. State hazardous waste code

OUTS 2091

D. Source code

LG 16

E. Form code

LW 209

F. Quantity generated in 2007

12125.0

G. UOM

1

Management Method code for Source code G25

14111

Density

11.11☒ lbs/gal ☐ sg

Sec. 2

Was any of this waste managed on site? (pages 24 and 25)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☒ 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2007141111111111111On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2007141111111111111

Sec. 3

A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? (pages 25 and 26)

☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which
waste was shippedTX D0977 603 371C. Off-site Management Method
code Shipped to14111

D. Total quantity shipped in 2007

12125.0

Site 2

B. EPA ID No. of facility to which
waste was shipped1111111111C. Off-site Management Method
code Shipped to14111

D. Total quantity shipped in 2007

1111111111

Site 3

B. EPA ID No. of facility to which
waste was shipped1111111111C. Off-site Management Method
code Shipped to14111

D. Total quantity shipped in 2007

1111111111

Comments:

Manifest 000645712 SKS

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENTFORM
GMBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: GEIL - ST. LOUIS SVC CTR2455 CASSENS DR - FENTON, MO
63026EPA ID NO: MD000687483

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description Paint Related materialsB. EPA hazardous waste code F003 F005D001 D035 D005 D006

C. State hazardous waste code

D. Source code

LG 06

E. Form code

209

F. Quantity generated in 2007

399.0G. UOM ↓

Density

_____.____

☒ lbs/gal ☐ sg

Management Method code for Source code G25

_____.____

Sec. 2 Was any of this waste managed on site? (pages 24 and 25)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☒ 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method code

_____.____

Quantity treated, disposed, or
recycled on site in 2007

_____.____

ON-SITE PROCESS SYSTEM 2

On-site Management
Method code

_____.____

Quantity treated, disposed, or
recycled on site in 2007

_____.____

Sec. 3 A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? (pages 25 and 26)

☒ Yes (CONTINUE TO BOX B) ☐ No (FORM IS COMPLETE)Site 1 B. EPA ID No. of facility to which
waste was shippedKYD 053348 108C. Off-site Management Method
code Shipped to461

D. Total quantity shipped in 2007

360.0Site 2 B. EPA ID No. of facility to which
waste was shippedKYD 053348 108C. Off-site Management Method
code Shipped to461

D. Total quantity shipped in 2007

30.0Site 3 B. EPA ID No. of facility to which
waste was shipped

_____.____

C. Off-site Management Method
code Shipped to

_____.____

D. Total quantity shipped in 2007

_____.____

Comments:

Manifest 000645634 SKS
Manifest 000733008 SKS

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:U.S. ENVIRONMENTAL
PROTECTION AGENCYSITE NAME: GEIL - ST. LOUIS SVC CTR

2007 Hazardous Waste Report

2455 CASSENS DR - FENTON, MO
63026EPA ID NO: MO D 000 687 483FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1	A. Waste description <u>waste solids containing flammable liquid</u>		
B. EPA hazardous waste code <u>D001 D035</u> <u>D007 D008 D025 D006</u>		C. State hazardous waste code <u>(paint)</u>	
D. Source code <u>LG 06</u> Management Method code for Source code G25 <u>4</u>	E. Form code <u>LW 209</u>	F. Quantity generated in 2007 <u>200.0</u>	G. UOM <u>L</u> Density <u> </u> <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on site? (pages 24 and 25)	
<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)		
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method code <u>4</u>	Quantity treated, disposed, or recycled on site in 2007 <u> </u>	On-site Management Method code <u>4</u>
Quantity treated, disposed, or recycled on site in 2007 <u> </u>		Quantity treated, disposed, or recycled on site in 2007 <u> </u>

Sec. 3	A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? (pages 25 and 26)		
<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped <u>KY D 053 348 108</u>	C. Off-site Management Method code Shipped to <u>461</u>	D. Total quantity shipped in 2007 <u>200.0</u>
Site 2	B. EPA ID No. of facility to which waste was shipped <u> </u>	C. Off-site Management Method code Shipped to <u>4</u>	D. Total quantity shipped in 2007 <u> </u>
Site 3	B. EPA ID No. of facility to which waste was shipped <u> </u>	C. Off-site Management Method code Shipped to <u>4</u>	D. Total quantity shipped in 2007 <u> </u>

Comments:

Manifest 000645558 SKS - line 1

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENTFORM
GMBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: GEIL - ST. LOUIS SVC CTR2455 CASSENS DR - FENTON, MO
63026EPA ID NO: MD000687483

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1	A. Waste description <u>Flammable Liquids (acetone, toluene)</u>		
B. EPA hazardous waste code <u>D001</u>		C. State hazardous waste code	
D. Source code <u>06</u> Management Method code for Source code G25		E. Form code <u>209</u>	F. Quantity generated in 2007 <u>100.0</u>
		G. UOM <u>L</u> Density <u> </u> lbs/gal <input type="checkbox"/> sg	

Sec. 2	Was any of this waste managed on site? (pages 24 and 25) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2007	On-site Management Method code
<u> </u>	<u> </u>	<u> </u>

Sec. 3	A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <u>KVD 053348108</u>	C. Off-site Management Method code Shipped to <u>061</u>	D. Total quantity shipped in 2007 <u>100.0</u>
Site 2	B. EPA ID No. of facility to which waste was shipped <u> </u>	C. Off-site Management Method code Shipped to <u> </u>	D. Total quantity shipped in 2007 <u> </u>
Site 3	B. EPA ID No. of facility to which waste was shipped <u> </u>	C. Off-site Management Method code Shipped to <u> </u>	D. Total quantity shipped in 2007 <u> </u>

Comments: Manifest 000645558 SKS
line 2

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: GETT - ST. LOUIS SVC CTR2455 CASSENS DR - FENTON, MO
63026EPA ID NO: MO D 000 687 483FORM
GMU.S. ENVIRONMENTAL
PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description KeroseneB. EPA hazardous waste code D001C. State hazardous waste code
_____D. Source code
LG 01E. Form code
LW 211F. Quantity generated in 2007
25.0G. UOM ☒ Density

☒ lbs/gal ☐ sgManagement Method code for Source code G25
_____Sec. 2 Was any of this waste managed on site? (pages 24 and 25)
☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
☒ 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management Method code
_____Quantity treated, disposed, or
recycled on site in 2007

ON-SITE PROCESS SYSTEM 2

On-site Management Method code
_____Quantity treated, disposed, or
recycled on site in 2007
_____Sec. 3 A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? (pages 25 and 26)
☒ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)Site 1 B. EPA ID No. of facility to which
waste was shipped
KVD 053 348 108C. Off-site Management Method
code Shipped to
061D. Total quantity shipped in 2007
25.0Site 2 B. EPA ID No. of facility to which
waste was shipped
_____C. Off-site Management Method
code Shipped to
_____D. Total quantity shipped in 2007
_____Site 3 B. EPA ID No. of facility to which
waste was shipped
_____C. Off-site Management Method
code Shipped to
_____D. Total quantity shipped in 2007
_____Comments:
manifest 000605143SKS - line 2

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:U.S. ENVIRONMENTAL
PROTECTION AGENCYSITE NAME: GETT - ST. LOUIS SVC CTR

2007 Hazardous Waste Report

2455 CASSENS DR - FENTON, MO
63026EPA ID NO: MO D 000 687 483FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description

Liquid, N.O.S. (Lead, silver)

B. EPA hazardous waste code

F001 D005
D006 D007 D008 D010

C. State hazardous waste code

D. Source code

LG 05

Management Method code for Source code G25

E. Form code

LW 205

F. Quantity generated in 2007

40.0

G. UOM

L

Density

_____.____

☒ lbs/gal ☐ sg

Sec. 2

Was any of this waste managed on site? (pages 24 and 25)

- ☐
- 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
-
- ☒
- 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method code

Quantity treated, disposed, or
recycled on site in 2007

ON-SITE PROCESS SYSTEM 2

On-site Management
Method code

Quantity treated, disposed, or
recycled on site in 2007

Sec. 3

A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? (pages 25 and 26)

- ☒
- 1 Yes (CONTINUE TO BOX B)
- ☐
- 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which
waste was shippedKYD 053 348 108C. Off-site Management Method
code Shipped toLH 066

D. Total quantity shipped in 2007

40.0

Site 2

B. EPA ID No. of facility to which
waste was shipped

C. Off-site Management Method
code Shipped to

D. Total quantity shipped in 2007

Site 3

B. EPA ID No. of facility to which
waste was shipped

C. Off-site Management Method
code Shipped to

D. Total quantity shipped in 2007

Comments:

Manifest 000 605 143 SKS
line 3



"David Green"
<david.green@dnr.mo.gov>
04/02/2008 08:16 AM

To Colleen Thomas/R7/USEPA/US@EPA
cc
bcc
Subject Fw: 2007 Biennial Report

Can you just add these to the pages and attach the email?

David Green
Research Analyst, Hazardous Waste Program
Missouri Department of Natural Resources
(573)751-3204

----- Forwarded by David Green/HWP/DEQ/MODNR on 04/02/2008 08:15 AM -----

"Todd, Betty L (GE Infra, Energy)" <betty.todd@ge.com>

04/01/2008 03:29 PM

To david.green@dnr.mo.gov
cc
Subject 2007 Biennial Report

David,

Thank you for the call. The source code & form code info you requested is as follows:

Page 1 of 6	Flammable Liquids (acetone, resin)
Source Code G15	Form Code W209
Page 2 of 6	Paint Related Material
Source Code G06	Form Code W209
Page 3 of 6	Waste Solids
Source Code G06	Form Code W209
Page 4 of 6	Flammable Liquids
Source Code G06	Form Code W209
Page 5 of 6	Kerosene
Source Code G01	Form Code W211
Page 6 of 6	Liquid NOS
Source Code G05	Form Code W205

Any questions, please let me know.

Thank you once again.

Betty L. Todd
EHS Coordinator
GEII - St. Louis Service Center
2455 Cassens Drive
Fenton, MO 63026
Phone: 636-343-1777, Ext. 134
Fax: 636-343-4583
E-mail betty.todd@ge.com